## 

Vendor KELLERON MEDICAL STAFFING INC Remit to: C/O OLYMPIC CREDIT FUND INC

P O BOX 12059

OLYMPIA WA 98508-2059

KELLERON MEDICAL STAFFING INC Name and

Address Cntct: Sheila Baker of Vendor: 4747 LINCOLN AVE

SUITE 100

MATTESON IL

000000000000000000009694

Requisition Nbr.: ASA5-5-41 (RFP 4-86)

**Effective Date:** 08/15/2004 **Expiration Date:** 08/14/2006

Agency Number:

**All State Agency** Facility:

Vendor Federal ID: 300137577 Vendor Telephone Nbr: 708/748-3800--Name Of Contact Pers: Sheila Baker **FAX Number:** 708/748-4097--

In accordance with your bid, submitted in response to the above referenced solicitation, the Vendor agrees that the Indiana Department of Administration, Procurement Division, has the option to purchase the items listed below under the terms of this agreement.

The Vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration of the QPA but issued prior to the expiration date. The quantity listed herein is an estimate of the requirements. The state may order substantially more or substantially less pursuant to the terms of this agreement. Orders are to be delivered only upon receipt of properly approved Quantity Purchase Award Release.

## Line Number Quantity UNIT

1

## **Article and Description**

**Unit Price** 

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This is an award of a Quantity Purchase Agreement for Nusring Services for a period of one year to begin August 15, 2004 and end August 14, 2006 or two years from date of last signature whichever is later.

Instructions for use of this contract can be accessed at www.in.gov/idoa/proc and click on the following:

- 1. Quantity Purchase Agreement
- Instructions for Nursing Contracts

QPA can be mutually renewed yearly for three additional years.

The vendor agrees to charge these prices for any products ordered on any QPA release received after the expiration date, but issued prior to the expiration date, and postmarked no later than 14 business days after the QPA's expiration date.

Quantities are estimates and could be more or less. The awarded vendor must maintain, at a minimum, the following information and be capable of supplying a report within one week of a request by the State:

- 1. Quantity and Type of Products, including any options, purchased by any State Agency and/or Political Subdivision, separated by each.
- 2. Total Dollar value of purchases made, separated by State Agency and/or Political Subdivision

9,999,999,999.00 HUR00000000100011011 Nursing Services/Kelleron

Telephone: (317) 232-3053

0.0001

The following UN/CEFACT Unit of Measure Common Codes are used in this document: HUR Hour

Signature of Purchasing Officer	Typed Name	Signature Of Approval Office Of the State Attorney General	
	Date Signed	Typed Name	Date Signed
Authorized Signature Indiana Department Of Administration Procurement Division 402 West Washington Street, Rm W468 Indianapolis, Indiana 46204			